



COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF ENVIRONMENTAL AFFAIRS
DEPARTMENT OF ENVIRONMENTAL PROTECTION

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Secretary

ROBERT W. GOLLEDGE, Jr.
Commissioner

December 16, 2003

2003 PUBLIC WATER SYSTEM ANNUAL STATISTICAL REPORT
FOR TRANSIENT NON-COMMUNITY (TNC) PUBLIC WATER SYSTEMS

Dear Public Water Supplier:

Enclosed is your 2003 Public Water System Annual Statistical Report form and Comprehensive Report with Violation Addendum and Open Enforcement/Inspection Actions Report. Not all systems will receive a Violation Addendum or an Open Enforcement/Inspection Actions Report. These forms must be completed and postmarked by **February 29, 2004**. You are required to submit this report annually.

Please read the instructions on the reverse side carefully before completing these forms.

Your water system is classified by DEP as a Transient Non-Community Public Water System (TNC) because you supply drinking water for at least 60 days of the year to either at least 25 different persons or your water system has at least 15 service connections. If you believe the criterion does not apply to you, please contact a DEP regional office (see below) for further information and a review of your status.

By completing and returning the Annual Statistical Report Form and corrected Comprehensive Report to the Department by February 29, 2004, you will have fulfilled your annual reporting requirements as a registered Public Water System, in accordance with Massachusetts Drinking Water Regulations 310 CMR 22.15. Prompt and accurate submittals also assist DEP in planning and implementing its drinking water programs and establishing your Safe Drinking Water Act Assessment. If you fail to complete and return these forms, you will be subject to enforcement actions.

Thank you for working with the Drinking Water Program to protect Massachusetts' drinking water. This report form is now available in two formats from DEP's web site. Go to <http://www.mass.gov/dep/brp/dws/dwsforms.htm> and then click 'Statistical Reporting.' The pdf file can be downloaded, manually completed and returned by mail to DEP. The Microsoft Word file can be downloaded, completed on a computer, printed, signed and returned by mail to DEP. If you have any questions, comments or suggestions about these forms, please contact Mr. Mark T. Bolivar at (617) 292-5527 or the Drinking Water Program's Water Quality Assurance Section at (617) 292-5770.

Very Truly Yours,

David Y. Terry, Program Director
Drinking Water Program

Attachments: Annual Statistical Report and Attachments
Comprehensive Report with Violation Addendum and Open Enforcement/Inspection Actions Report

This information is available in alternate format by calling our ADA Coordinator at (617) 574-6872.

DEP on the World Wide Web: <http://www.mass.gov/dep>

Printed on Recycled Paper

Directions for Completing the 2003 Statistical Report

1. Type or print your responses in Sections A-F legibly in black ink.
2. Review the Public Water System Comprehensive Report with Violation Addendum (if attached). Make corrections directly on this report. If possible highlight the corrections. When you make a change directly on the Comprehensive Report, you do not need to duplicate that same information on this year's statistical report form. Simply write "SA", (see attached), for those questions. Review the Open Enforcement/Inspection Actions Report and contact your DEP regional technical assistance provider listed below to correct or resolve any issues.
3. Complete the 2003 Public Water System Annual Statistical Report pages. Some questions have an option to check "No Change". This should only be checked if the question is the same as that on the Public Water System Comprehensive Report. Do not leave any questions blank. The spaces provided should be completed in full, marked "SA" (see attached) or have No Change checked.
4. Include your public water system identification number (PWS ID#) on all forms. Your PWS ID# is the seven-digit number that appears on the mailing label. Please remember to enter your Federal Employment Identification Number at Section B, question 5.
5. Sign the certification statement in Section A of the Public Water System Annual Statistical Report.
6. Return to DEP by **February 29, 2004** (must be postmarked by this date):
 - **Two copies of the Statistical Report.** One of the copies of the statistical report must have an original signature, and
 - **Two copies of the Comprehensive Report with Violation Addendum and Open Enforcement/Inspection Actions Report.** (if attached)
7. Mail copies to:

Department of Environmental Protection
Drinking Water Program, Attn: TNC STATS
One Winter Street, 6th Floor
Boston, MA 02108
8. Remember to keep a completed copy of this package for your own files.

If you need help understanding the type of data requested, please contact your regional technical assistance provider:

If your PWS ID# begins with a number one (1) call the Western Regional Office (Springfield):

Mike McGrath.....(413) 755-2202 or Daniel Laprade.....(413) 755-2289

If your PWS ID# begins with a number two (2) call the Central Regional Office (Worcester)

Paul Anderson.....(508) 767-2802 or Kelly Momberger..... (508) 849-4023

If your PWS ID# begins with a number three (3) call the Northeast Regional Office (Boston)

William Zahoruiko.....(617) 654-6539 or Hilary Jean.....(617) 654-6532

If your PWS ID# begins with a number four (4) call the Southeast Regional Office (Lakeville)

Scott Lussier(508) 946-2732 or Daniel DiSalvio.....(508) 946-2793

Directions for Completing the Electronic Version of the Form

1. The form requires an IBM compatible computer and Microsoft Word97 or a more recent version of Word. If you do not have an IBM compatible computer and Microsoft Word97 or higher, please use the paper version of the form or the pdf version of the form on DEP's web site. Both the electronic version of the form and the pdf version of the form can be downloaded at <http://www.mass.gov/dep/brp/dws/dwsforms.htm> under 'Statistical Reporting.'

2. Improve the look of the form by ensuring the gridlines in Microsoft Word are turned off. To turn off the gridlines, open Word, go to the Table menu, and click on Hide Gridlines.

3. To navigate through the form or move from question to question:

Forward: Use the tab key or the right arrow key.

Backward: Hold down the shift key and the tab key at the same time or use the back arrow key.

Reposition: Use the mouse to point and click. If the enter key is pressed, you will need to press the backspace key to return to the visible field you were typing in.



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program
2003 Public Water System Annual Statistical Report
For TNC Public Water Systems. This form is for 1/1/2003 – 12/31/2003 reporting period

PWSID#:	<u>TNC</u>
Name:	
City/Town:	

A Certification

Please use the tab key to move forward.



If you press the enter or return key, please press the backspace key until the document has returned to normal.

If the mailing address is different from the one shown on the Comprehensive Report (enclosed with the mailing of this form) please fill in the mailing address.

I certify under penalty of law that I am the person authorized to fill out this form and that the information contained herein is true, accurate, and complete to the best of my knowledge and belief. I also certify that the cross connections, if any, listed as part of Section C comply with the Department's regulations under 310 CMR 22.22.

Name of certifying person	Title
Phone Number	Fax Number
Signature of certifying person	Date (mm/dd/yyyy)

B Public Water Supply Information

- Please review and correct the information shown on your Comprehensive Report. The Comprehensive Report was enclosed with the mailed copy of this form.
- Physical addresses on the Comprehensive Report should not contain PO Boxes

- ☐ Check this box if there are no changes to your Comprehensive Report
☐ Check this box if you made changes to your Comprehensive Report

1. Public Water System: (This address must be for the party legally responsible for regulatory compliance.) ☐ No Change

PWS mailing address		
City/Town	State(please use 2 letter abbreviation)	Zip Code
Phone Number	Fax Number (if available)	

2. Owner information:

Owners Name

3. Primary Contact: ☐ No Change

Name	Phone Number
E-Mail Address (if available)	

4. Is this system a not-for-profit organization? ☐ Yes ☐ No
 If yes, indicate Tax Exempt code (e.g., 501C): _____

5. Federal Employment Identification Number (FEIN): _____
 If no FEIN, use business owner's Social Security # followed by Signature: SS#
 Signature: _____



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TNC -2003

TNC
PWSID#:
Name:
City/Town:

B Public Water Supply Information (cont.)

6. Certified Drinking Water Operator(s) employed by the PWS: ☐ No Change

Primary Certified Operator:	Grade	License Number	Status: OIT <input type="checkbox"/> Full <input type="checkbox"/>
Secondary Certified Operator:	Grade	License Number	Status: OIT <input type="checkbox"/> Full <input type="checkbox"/>

7. Primary Certified Operator Information:

Name	Phone Number
Mailing Address	Town/City State Zip Code

8. Are the services of the certified operator contracted? ☐ Yes ☐ No

If Yes, provide ending date of contract _____
mm/dd/yyyy

If contracted, do you have a DEP approved compliance notice? ☐ Yes ☐ No

9. Population: (Daily Average): ☐ No Change

Winter (Oct – Mar) Population: _____ Summer (Apr – Sep) Population: _____

Total yearly population served: _____

10. Indicate the type of Facility: (check one)

- | | |
|--|--|
| <input type="checkbox"/> Commercial (e.g. convenience store, pub) | <input type="checkbox"/> Service Station |
| <input type="checkbox"/> Recreational (e.g. park, forest, reservation) | <input type="checkbox"/> Agricultural |
| <input type="checkbox"/> Campground | <input type="checkbox"/> Institutional (e.g. religious org.) |
| <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Municipal Facility (e.g. town hall) |
| <input type="checkbox"/> Restaurant | |
| <input type="checkbox"/> Other type of Facility (specify): _____ | |

11. Facility Operation Schedule: (check one) ☐ No Change

☐ Seasonal ☐ Year-round

If seasonal facility, what is your primary season?

Start: _____ End: _____
mm/dd mm/dd

12. Is your water supply treated or disinfected? (e.g. water softener, etc). Yes ☐ No ☐

If Yes, Please specify the treatment purpose, process, and any chemicals added:

Purpose (e.g. disinfection, corrosion control, iron removal) : _____

Process (e.g. chlorination, pH adjustment, ozonation) : _____

Chemical Added (e.g. chlorine, sodium hydroxide, ozone) : _____

13. Does your water system sell water to another Public Water System: Yes ☐ No ☐

If yes, provide name(s) and PWSID#(s): _____

A list of certified operators can be obtained from your DEP Regional Office or from the DEP web site



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TNC -2003

TNC
PWSID#:
Name:
City/Town:

C Cross Connection Control Program

1. Has your system undergone any plumbing changes since your last Cross Connection survey?

Yes ☐ No ☐

If Yes, has your system been re-surveyed after the changes? Yes ☐ No ☐

If Yes,

On what date was your system re-surveyed

mm/dd/yyyy

Who conducted the new survey?

Name

Title

Phone

MA Cert. #

Failure to submit a list constitutes a violation of 310 CMR 22.22 and may cause the department to take enforcement action against the system.

2. Are there any cross connections in your system protected by RPBPs or DCVAs? Yes ☐ No ☐
If Yes, provide below a list of the RPBPs or DCVAs that comply with regulations under 310 CMR 22.22. If necessary please attach a separate list.

Business Name

Type of Device

Cross Connection ID #

Business Name

Type of Device

Cross Connection ID #

3. Total # of RPBPs installed on your water system: _____

How many RPBPs were installed this year? _____

5. Total # of DCVAs installed on your water system: _____

How many DCVAs were installed this year? _____

6. Are all testable backflow preventers inspected and tested in accordance with 310 CMR 22.22 (13)?

Yes ☐

No ☐

Number tested this year: _____

7. Have there been any occurrences of backflow in your water system this year? Yes ☐ No ☐

If Yes, please provide dates and a brief description:

8. Does your system have atmospheric vacuum breakers (hose bibs) on all outside and interior threaded faucets?

Yes ☐ No ☐

D Emergency Information

1. Indicate the action you will take in the event that the facility is unable to provide an adequate quantity or quality of drinking water:

☐ Close facility (shut down system)

☐ Provide bottled water

☐ Contract with water hauling company

☐ Other , explain: _____



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TNC
 PWSID#: _____
 Name: _____
 City/Town: _____

E Source Information

Please provide the following information for each active or emergency source, use additional sheets if necessary

Source information	Source #1	Source #2	Source #3	Total
A. Source Name (e.g. Well #1)				
B. Source ID# (e.g. PWSID# + -01G)				
C. Type: (check one)	G <input type="checkbox"/> S <input type="checkbox"/>	G <input type="checkbox"/> S <input type="checkbox"/>	G <input type="checkbox"/> S <input type="checkbox"/>	
D. a. Does this source have a master meter	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
b. If YES, indicate total volume produced in 2003	Volume (gal/yr)	Volume (gal/yr)	Volume (gal/yr)	Volume (gal/yr)
c. Date meter was installed				
	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	

If extra sheets are needed please use the extra page from the DEP web page or make photocopies of this page.

G = Groundwater
 S = Surface water

(NOTE estimates are NOT acceptable)

As of 12/31/2001 all systems were required to comply with 310 CMR 22.04(6). which requires all PWSs to be metered.

Completion and filing of this report meets the requirements of the Drinking Water Regulations of Massachusetts - 310 CMR 22.21(4) for ground water systems and 310 CMR 22.20A(2)(b) 5.e. and 5.f. for surface water systems

F Facility Land Use (Activities)

All TNC sources have been assigned a Zone I and Interim Wellhead Protection Area (IWPA) radii. If you are not sure what the protection radii are for your source(s), please contact your regional DEP office. Please follow the directions below, completing a Section F page for each source.

1. Is the entire Zone I and IWPA for this source owned and controlled by the owner of the system?
☐ Yes ☐ No
2. Are the protective areas for this source posted as a public water supply area? ☐ Yes ☐ No
3. Are there any potential threats to this source from activities outside the source owner's control?
☐ Yes ☐ No

Use the space on the next page to make a sketch of the land uses around the source and indicate approximate distances.

Label each well with the Source ID and label all activities mentioned in Section F, adding to the legend on the bottom of the page if necessary.

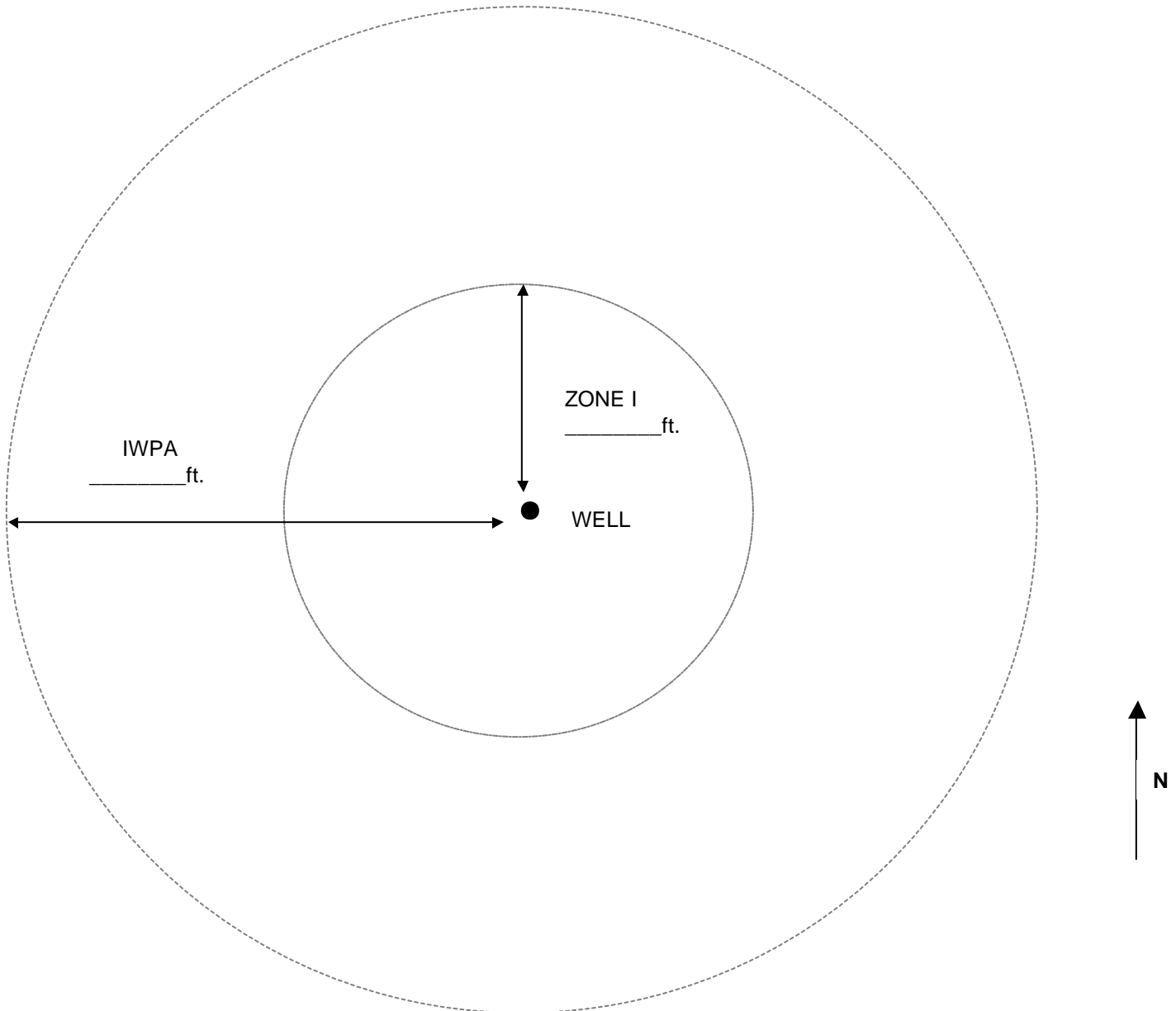


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PWSID#: TNC
 Name: _____
 City/Town: _____

F Facility Land Use (Activities Drawing)

Please clearly label all noted objects.



LEGEND (use these symbols and specify others as needed):

S = Septic System

**U = Underground Storage
Tank (specify fuel type)**

**A = Above Ground Storage
Tank (specify fuel type)**

R = Roads and Highways

P = Parking Areas

Ag = Agriculture

**H = Storage or Use of
Hazardous materials**

_____ = _____
 _____ = _____
 _____ = _____
 _____ = _____